

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <u>2360</u>	2. Fiscal Year Covered From: <u>11/1/04</u> Through <u>12/31/04</u>
3. Name and address of person filing.	
Name: <u>Mike Siano</u>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., if any	Name: <u>A.T.U. International</u>
Street: <u>129 Whitman Street</u>	Labor Organization File Number: <u>000160</u>
City: <u>Carteret</u>	P.O. Box, Building and Room Number, if any
State: <u>N.J.</u>	Street: <u>5025 Wisconsin Avenue, N.W.</u>
ZIP Code + 4: <u>07008</u>	City: <u>Washington</u>
State: <u>D.C.</u>	ZIP Code + 4: <u>20016</u>
5. Position in labor organization. <u>International Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name:	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street:	
City:	
State:	ZIP Code + 4

Signature

13. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 8-1-05  
Date

202-537-1695  
Telephone Number

Business Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	ZIP Code + 4
11.b. Approximate dollar value of such dealing.	
12.a. Nature of interest held or income received.	
12.b. Amount.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <u>Jubelirer, Pass &amp; Intriери, P.C.</u>	<u>Christmas gift of food and beverage valued at \$50.00 from law firm who represents A.T.U. International.</u>
Trade Name, if any:	
City <u>Pittsburgh</u>	
State <u>PA</u>	ZIP Code + 4 <u>15222</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <u>\$50.00</u>